

▼ ASSESSMENT PROCESS

1. Establish rapport and assess for suicide risk in a sensitive and respectful fashion.
2. Respect the dignity of older adults. Acknowledge their experiences and validate their feelings.
3. Assess for suicide risk factors (see reverse).
4. Assess for psychological resiliency (see reverse).
5. Assess for suicide warning signs IS PATH WARM (see reverse).
6. Where appropriate, access collateral information (medical chart, family members, other providers).
7. Be mindful of ambivalent wishes to live and to die.
8. Develop a risk management/action plan.
9. Seek consultation and/or assistance if you do not have specialized training in mental health or in suicide prevention.

Assessment Tools

The following Suicide Risk Assessment Tools for Older Adults can be used by health care providers with appropriate training:

- Geriatric Suicide Ideation Scale
- Harmful Behaviors Scale

Visit www.ccsmh.ca for more information.

▼ KEY QUESTIONS

1. **Ask about their feelings**
 - Do you feel tired of living?
 - Have you been thinking about harming yourself and/or ending your life?
 - Have you been thinking about suicide?
2. **Ask about a suicide plan**
 - Have you thought of specific ways of hurting yourself or ending your life?
 - Have you made any specific plans or preparations (giving away possessions, tying up 'loose ends')?
 - Have you asked someone to help you end your life or join you in death?
 - Do you have access to lethal means like a gun or other implements?
 - Have you collected pills in order to take an overdose?
 - Have you started to put a suicide plan into action?
3. **Ask about their reasons to live**
 - What has kept you from harming yourself?
 - Who or what makes life so worth living that you would not harm yourself?

▼ RISK MANAGEMENT STRATEGIES

Help the older adult connect with a team of supports: other medical and/or mental health care providers, social service providers, clergy, family members, friends, and/or other community members.

Immediate Risk Management

1. **Do not leave the person alone until you have arranged for the involvement of another appropriate care provider or source of protection**
2. **Establish an immediate safety plan that includes:**
 - family support
 - homecare support
 - 24-hour (or in-home) care providers
 - police intervention (if needed)
3. **Consider care needs:**
 - emergency services
 - telephone and/or in-person crisis/distress/support services
 - mental health services
 - medical services
 - social service providers, community supports
4. **Ensure that follow-up care is arranged.**
5. **Where possible, restrict access to lethal means.**

Ongoing Risk Management

1. **Address underlying issues:**
 - medical illness
 - mental health problems
 - social problems, concerns, transitions
 - environmental factors
2. **Continually re-assess suicide risk, resiliency, and warning signs.**
3. **Continue to build and sustain the therapeutic relationship.**
4. **Look for ways to foster hope and enhance a sense of meaning in life.**
5. **Develop a safety plan that includes after-hours support.**
6. **Read and continually review CCSMH National Guidelines and other appropriate treatment guidelines.**
7. **Work within a culturally competent model of care.**
8. **Work within an inter-disciplinary care model where possible:**
 - Develop relationships with mental health teams for support and on-going follow-up.
 - Be aware of community resources and referral sites/processes.

SUICIDE

Assessment & Prevention for Older Adults

Based on:
Canadian Coalition for Seniors' Mental Health (CCSMH) National Guidelines: The Assessment of Suicide Risk and Prevention of Suicide



CANADIAN COALITION FOR SENIORS' MENTAL HEALTH
To promote seniors' mental health by connecting people, ideas and resources
COALITION CANADIENNE POUR LA SANTÉ MENTALE DES PERSONNES ÂGÉES
Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources

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For more information visit www.ccsmh.ca

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▼ RISK FACTORS

- 1. **Suicidal Ideation and/or Behaviour**
 - Prior suicidal behaviour (including suicide attempt), prior self-harm behaviour, previous expression of suicide ideation
 - Feels tired of living and/or wishes to die
 - Thinks about suicide, has suicidal wishes and/or desires
 - Has a suicide plan/note
- 2. **Family History**
 - Family history of suicide, suicide ideation, mental illness
- 3. **Mental Illness (can include)**
 - Any mental disorder, co-morbidity
 - Major depressive disorder
 - Any mood disorder
 - Psychotic disorder
 - Substance misuse disorder/addictions
- 4. **Personality Factors**
 - Personality disorders
 - Emotional instability
 - Rigid personality
 - Poor coping skills, introversion
- 5. **Medical Illness**
 - Pain, chronic illness
 - Sensory impairment
 - Perceived or anticipated/feared illness

- 6. **Negative Life Events and Transitions**
 - Family discord, separation, death or other losses
 - Financial or legal difficulties
 - Employment/retirement difficulties
 - Relocation stresses
- 7. **Functional Impairment**
 - Loss of independence
 - Problems with activities of daily living


▼ RESILIENCY FACTORS

- Sense of meaning and purpose in life.
- Sense of hope or optimism.
- Religious practice.
- Active social networks and support from family and friends.
- Good health care practices.
- Positive help-seeking behaviours.
- Engagement in activities of personal interest.


▼ TREATMENT OF DEPRESSION

Refer to the CCSMH National Guidelines for the Assessment and Treatment of Depression, www.ccsmh.ca.

▼ SUICIDE WARNING SIGNS

-  **REMEMBER IS PATH WARM:**
(Source: American Association of Suicidology)
- I** Ideation
S Substance use
- P** Purposelessness
A Anxiety/Agitation
T Trapped
H Hopelessness/Helplessness
- W** Withdrawal
A Anger
R Recklessness
M Mood changes

▼ SYMPTOMS OF DEPRESSION

-  **REMEMBER SIG E CAPS:**
(Source: Michael Jenike, 1989)
- S** Sleep is disturbed
I Interest is decreased
G Guilt (feelings of guilt or regret)
- E** Energy is less than usual
- C** Concentration is poor
A Appetite is disturbed
P Psychomotor agitation or retardation
S Suicidal ideation, including passive wish to die

Depressed people often experience sadness, despair, and low energy. However, many depressed older adults do not appear obviously sad. It is important to assess for "hidden depression".

▼ RESOURCES

- CANADIAN**
- **Canadian Coalition for Seniors' Mental Health:** www.ccsmh.ca
Download free copies of the **National Guidelines for The Assessment of Suicide Risk and Prevention of Suicide and The Assessment and Treatment of Depression.**
 - **Canadian Association for Suicide Prevention:** www.suicideprevention.ca
Download a copy of the Blueprint for a Canadian National Suicide Prevention Strategy.
 - **Centre for Research and Intervention on Suicide and Euthanasia:** www.crise.ca/index_eng.asp
 - **Centre for Suicide Prevention:** www.suicideinfo.ca

- AMERICAN**
- **American Association of Suicidology:** www.suicidology.org
Download their Recommendations for Inpatient and Residential Patients Known to be at Elevated Risk for Suicide
 - **American Foundation for Suicide Prevention:** www.afsp.org
 - **National Institute of Mental Health:** www.nimh.nih.gov
 - **Suicide Prevention Resource Centre:** www.sprc.org

- INTERNATIONAL**
- **International Association for Suicide Prevention:** www.med.uio.no/iasp
 - **International Academy for Suicide Research:** www.iasronline.org
 - **World Health Organization:** www.who.int/mental_health/prevention/en

- 1. Be aware of suicide warning signs: **IS PATH WARM.**
 - 2. Be aware of the risk factors for suicide.
 - 3. Be vigilant to the presence of suicide risk factors in older patients presenting for care, even if they do not express mental health complaints. Episodes of suicide ideation may come and go. Ongoing assessment is necessary.
 - 4. Screen for suicide risk factors in high-risk individuals, especially those emerging from depression. Be aware of those who have risk factors but no presentation of suicidal ideation. An improvement in mood doesn't necessarily mean a decrease in suicide risk.
 - 5. Take any threat of suicide or wish to die seriously.
 - 6. Talking about suicide **DOES NOT** make someone suicidal. Create a safe environment to talk about suicide.
 - 7. Be prepared. Create crisis/risk management plans before a crisis occurs.
 - 8. Suicide prevention is everyone's business. You're not alone. Learn about available community resources and develop relationships in your community.
- For more information visit www.ccsmh.ca